

Student Suicidal Behavior Assessment Report

Report Completed By \_\_\_\_\_ Date of Report \_\_\_\_\_
(School Social Worker or School Psychologist) Date of Incident \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

1. Nature of Behavior(s) of Concern:

- A. Self Injurious Behavior \_\_\_\_\_ B. Suicidal Ideation \_\_\_\_\_
C. Suicide Threat \_\_\_\_\_ D. Suicide Attempt \_\_\_\_\_

2. Specific Concerns:

- A. Did the behavior occur at school? Yes \_\_\_\_\_ No \_\_\_\_\_
B. Did the student require medical treatment outside of school? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

C. Describe the details of the Behavior(s) of Concern including method of injurious behavior, severity of injuries, plan, method, availability, place, feelings displayed.

3. Risk Assessment

- A. Interview of Student Date \_\_\_\_\_ By Whom \_\_\_\_\_
B. History of Previous Suicidal Threats/Attempts/Ideation/Self-Injurious behavior (date/method)

C. Precipitating Event(s)

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

D. Current level of Suicidal Risk Low \_\_\_\_\_ Medium \_\_\_\_\_ High \_\_\_\_\_ None \_\_\_\_\_
(Not considered at risk for Suicide at this time)

E. Summary of Risk Assessment

4. Action Plan

- A. Parents Contacted Date \_\_\_\_\_ By Whom \_\_\_\_\_
B. Outside Agencies Involved Date \_\_\_\_\_ Identify \_\_\_\_\_
C. Administration notified Date \_\_\_\_\_ By Whom \_\_\_\_\_
D. Police Contact/Report by Administrator\* Date \_\_\_\_\_ By Whom \_\_\_\_\_
Who was notified? \_\_\_\_\_

Police Liaison Officer \_\_\_\_\_ Livonia Police \_\_\_\_\_ Westland Police \_\_\_\_\_ Other \_\_\_\_\_

E. Have copies been distributed to persons listed below? Yes \_\_\_\_\_ No \_\_\_\_\_

C: Director of Student Services
Director of Elementary/Secondary Education
Confidential File

\*Contact required in cases of suicidal attempt or threat school by Bldg. Administrator or Designee